



Building Related Illness

Health Education Facts

What are Building Related Illness (BRI) and Sick Building Syndrome (SBS)?

The term “building related illness” (BRI) is used to describe diagnosable illness which can be directly attributed to airborne building contaminants.

Building occupants experience “sick building syndrome” (SBS) when they suffer symptoms which appear linked to a particular building, but no specific illness or cause can be identified.

How Can Someone Recognize BRI?

- C Building occupants complain of symptoms such as cough; chest tightness; fever; chills; and aches.
- C The symptoms can be clinically defined and have clearly identifiable causes.
- C Complainants may require prolonged recovery times after leaving the building.

How Can Someone Recognize SBS?

- C Building occupants complain of symptoms associated with acute discomfort, e.g., headache; eye, nose, or throat irritation; dry cough; dry or itchy skin; dizziness and nausea; difficulty in concentrating, fatigue, and sensitivity to odors.
- C The symptoms *cannot* be clinically defined and have *no* identifiable causes.
- C Most complainants report relief soon after leaving the building.

What Can Be Done to Minimize the Risk?

Determining whether occupants are suffering from BRI, SBS, or neither, can be difficult. Complaints may result from a variety of other causes. Nevertheless, symptoms may be caused or aggravated by poor indoor air quality (IAQ). Here are some steps to improve IAQ:

- C Remove stagnant water that has accumulated in ducts, humidifiers and drain pans. Disinfect and dry these items thoroughly.
- C Replace water-stained ceiling tile, carpeting, and padding.
- C Adjust outdoor ventilation rates to 15 cubic feet per minute (CFM) per occupant; 20 CFM per occupant in office spaces; and 60 CFM per occupant in areas such as smoking lounges (see ASHRAE Standard 62-1989).
- C Establish smoking restrictions within the building.
- C Store paints, solvents, adhesives, and pesticides in well-ventilated areas. Use these items when occupancy is at a minimum.
- C Allow time for building materials in new or remodeled areas to ventilate before occupancy.
- C Communicate the importance of maintaining good IAQ to maintenance personnel and building occupants.
- C Remember that stand-alone air cleaning and filtration devices, while helpful, are of little use in minimizing the risk for BRI.
- C Before implementing extensive/expensive changes in one's home, consult a physician to determine if an occupant's symptoms are related to IAQ.
- C Perform routine maintenance on heating, ventilation, and air conditioning (HVAC) systems. Clean or replace filters periodically.